Vision Plan

The Vision Plan is now provided by EyeMed Vision Care, LLC

Coverage Level	Monthly Premiums
Participant	$7.22
Participant + Spouse	$14.46
Participant + Child(ren)	$12.24
Participant + Family	$20.20

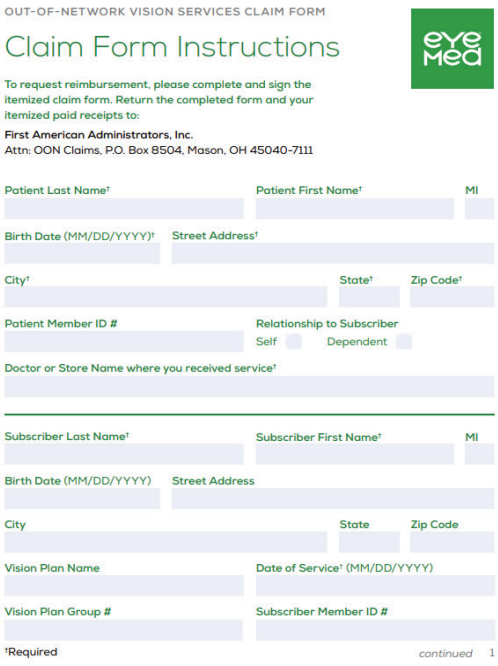
- You cannot add vision coverage during Annual Enrollment. You can only make changes to your current election or cancel your coverage.
- You can see the vision care doctor of your choice, but you may pay the lowest out-of-pocket cost if you visit an in-network provider.
- You can find an in-network provider by visiting enroll.eyemed.com, clicking on 'Find a Provider', entering your zip code, and choosing the network, Insight. Walmart is also an in-network provider.
- **Call EyeMed at 888.626.6334 to answer any benefit questions and confirm your provider options.**

Submitting an Out-of-Network Claim

If your eye care provider is out-of-network, you can still be reimbursed partially for services received. To do this, you will need to complete the fields located on page 4 of the Out of Network claim form. Your form must be filled out and submitted within 15 months of the date of service.

- No in-network provider within 20 miles of where you live? Complete the Network Adequacy section of out-of-network claim form to be reimbursed as if you visited an in-network provider. If you visit an out-of-network provider for your eye exam because there are no providers within 20 miles of where you live, you will be charged the retail price at point of sale. If you were charged $100 for your exam, EyeMed would reimburse you $90 (in-network copay is $10), if you complete the Network Adequacy part of the out-of-network claim form.

- Visit https://bhr.sd.gov/benefits/active/flexible-benefits/vision-plans/ and click on the Instructions form.
- After viewing the instructions, please click on and view the out-of-network claim form.
- After completing the form, you may upload it or mail it in.



OUT-OF-NETWORK VISION SERVICES CLAIM FORM

Claim Form Instructions

To request reimbursement, please complete and sign the itemized claim form. Return the completed form and your itemized paid receipts to:

First American Administrators, Inc.
Attn: OON Claims, P.O. Box 8504, Mason, OH 45040-7111

Patient Last Name† | Patient First Name† | MI

Birth Date (MM/DD/YYYY)† | Street Address†

City† | State† | Zip Code†

Patient Member ID # | Relationship to Subscriber: Self ☐ Dependent ☐

Doctor or Store Name where you received service†

Subscriber Last Name† | Subscriber First Name† | MI

Birth Date (MM/DD/YYYY) | Street Address

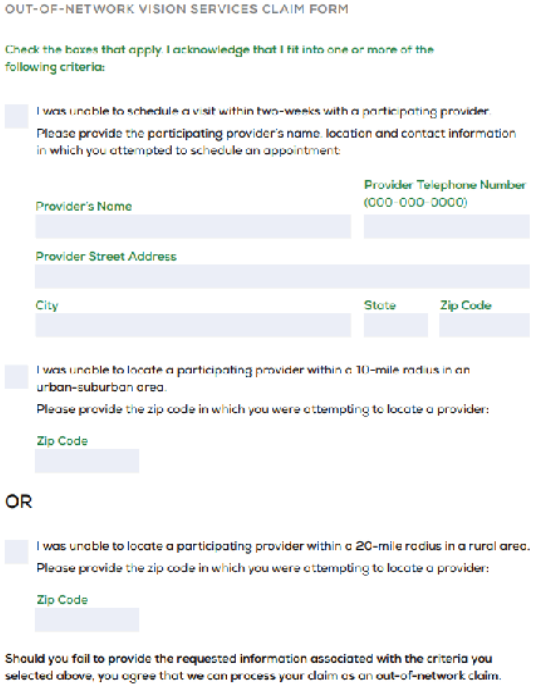
City | State | Zip Code

Vision Plan Name | Date of Service† (MM/DD/YYYY)

Vision Plan Group # | Subscriber Member ID #

†Required

continued 1



OUT-OF-NETWORK VISION SERVICES CLAIM FORM

Check the boxes that apply. I acknowledge that I fit into one or more of the following criteria:

☐ I was unable to schedule a visit within two-weeks with a participating provider.
Please provide the participating provider's name, location and contact information in which you attempted to schedule an appointment:

Provider's Name | Provider Telephone Number (000-000-0000)

Provider Street Address

City | State | Zip Code

☐ I was unable to locate a participating provider within a 10-mile radius in an urban-suburban area.
Please provide the zip code in which you were attempting to locate a provider:

Zip Code

OR

☐ I was unable to locate a participating provider within a 20-mile radius in a rural area.
Please provide the zip code in which you were attempting to locate a provider:

Zip Code

Should you fail to provide the requested information associated with the criteria you selected above, you agree that we can process your claim as an out-of-network claim.

Please note: You will be reimbursed for services and/or lenses at the out-of-network rate if you go to an out-of-network provider when an in-network provider is within 20 miles of where you live. For example, members who live in Pierre can purchase corrective lenses at Wal-Mart at in-network rates. However, because Pierre has no in-network provider for services, members receive reimbursement at the in-network rates when using out-of-network providers for exams.

Vision Plan

Service	In-Network Coverage	Out-of-Network Reimbursement	Frequency
Exam, with dilation as necessary	$10 copay	up to $45	Once every plan year
Frames[1]	$0 copay, $130 allowance, 20% off balance over $130	up to $70	Once every plan year
Lenses (in place of contact lenses)			
Single Vision	$25 copay	up to $30	Once every plan year
Bifocal	$25 copay	up to $50	Once every plan year
Trifocal	$25 copay	up to $65	Once every plan year
Lenticular	$25 copay	up to $100	Once every plan year
Standard Progressive Premium Progressive Tiers 1-3[2] Premium Progressive Tier 4	$80 copay $100-125 copay $80 copay; 20% off Retail Price less $120 Allowance	up to $50 up to $50 up to $50	Once every plan year
Standard Lens Options UV Treatment Standard Polycarbonate (under age 19) Standard Plastic Scratch Coating Tint (Solid & Gradient)	 $0 copay $0 copay $0 copay $0 copay	 up to $5 up to $5 up to $5 up to $5	 Once every plan year Once every plan year Once every plan year Once every plan year
Standard Polycarbonate (age 19 & over) Anti-Reflective Coating Tiers 1-2[3] Anti-Reflective Coating Tier 3 Photochromic (Plastic)	$40 $45-$68 $75 $75	N/A N/A N/A	Once every plan year
All other lens options	20% off retail price	N/A	Once every plan year
Standard Contact Lens Fit and Follow-Up Premium Contact Lens Fit and Follow-Up	$40 10% off retail price	N/A N/A	Contact lens fit and two follow-up visits are available every plan year (once a comprehensive eye exam has been completed)
Elective Contact Lenses (in place of eyeglass lenses Contacts - Conventional	up to $130 allowance $0 copay; 15% off balance over $130 allowance	up to $105	Once every plan year
Medically Necessary Contact Lenses (in place of eyeglass lenses)	$0 copay, covered in full	up to $210	Once every plan year
Retinal Imaging Benefit	up to $39	N/A	Once every plan year

[1]20% off the balance when patients choose a frame that exceeds the allowance. Available from all in-network providers.

[2] & [3] Discuss your lens options with your in-network provider.